

Waukesha County Storm Water Permit Supplemental Information

Additional Contact Information:	<input type="checkbox"/> Authorized as applicant representative
Name: _____ Company: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Daytime Phone #: _____ FAX: _____	
E-mail Address: _____	
Please indicate responsibilities assigned to this contact (check all that apply):	
<input type="checkbox"/> Site grading <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Temporary Erosion Control Practices	
<input type="checkbox"/> Site Restoration and Stabilization Practices	

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<input type="checkbox"/> Temporary Erosion Control Practices	
<input type="checkbox"/> Site Restoration and Stabilization Practices	

Erosion Control Inspector Contact Information
<p>The contact listed below is the primary contact for conducting erosion control inspections on the permitted site. This person will also be responsible for maintaining the inspection log and making it available to the Waukesha County - Land Resources Division.</p>
Name: _____ Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone #: _____ FAX: _____
E-mail Address: _____
Please indicate how the inspection log will be made available to the Waukesha County - Land Resources Division:

